



# Clinical Skills II

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**MEDC 143.9**  
**Year 1 Term 2**

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 **COURSE SYLLABUS**  
**2025/2026**



**UNIVERSITY OF SASKATCHEWAN**  
**College of Medicine**  
**UNDERGRADUATE MEDICAL EDUCATION**  
**MEDICINE.USASK.CA**

## LAND ACKNOWLEDGEMENT

*As we gather here today, we acknowledge we are on Treaty 6 and Treaty 4 Territory and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.*

### Clinical Skills II – Course Overview

#### COURSE DESCRIPTION

Learning in Clinical Skills II (Year 1 - Term 2) will enable students to improve their basic clinical skills, including patient-centered communication and physical examination, through a combination of assessment of 'real-life' patients and structured learning sessions. Students will further develop clinical reasoning skills, including development of differential diagnoses and management plans. Students will also practice patient presentation skills, both written and oral.

The course will include the following components: Advanced Communication Skills II, Clinical Scenarios, Simulations, Focused Interview and Physical Examination Sessions, Discipline-Specific Patient Encounter Sessions in Emergency Medicine, Internal Medicine, Pediatrics, and Surgery, as well as phlebotomy skills. Skills for Interprofessional Team Effectiveness and Primary Care Longitudinal experiences are also included. When appropriate and possible, sessions will be organized around content students are learning in other courses.

Completion of this course will contribute to attaining elements of the overall undergraduate program objectives ([Program Learning Objectives](#)).

**Prerequisites:** Successful completion of Clinical Skills I

#### OVERALL COURSE OBJECTIVES

By the completion of Clinical Skills II course, students will be able to:

1. Establish ethical relationships with patients characterized by understanding, trust and empathy.
2. Demonstrate communication skills in conducting a patient-centered interview that:
  - explore and apply the four dimensions of illness experience—“FIFE” (feelings, ideas, impact on function, expectations);
  - explore the disease process and relevant past history;
  - explore relevant social and family context with the patient;
  - demonstrate awareness of socio-economic determinants of health;
  - reach agreement with patients on the nature of their problems, appropriate goals of treatment, and roles of patient, doctor, and others, as appropriate, in management;
  - apply ethical principles;
  - apply principles of cultural safety
3. Perform a physical examination relevant to a patient’s presenting problems, in an orderly efficient manner, demonstrating respect and sensitivity to patient comfort.
4. Demonstrate clinical reasoning, including tailoring the interview content and physical examination, to assist with the development of a provisional differential diagnosis.
5. Present a concise verbal summary of the patient’s history including the disease and illness experience, physical exam, potential differential diagnoses, a brief assessment and management plan, and record the information obtained in an appropriate format.

6. Choose appropriate investigations for a particular clinical presentation.
7. Interpret relevant investigations.
8. Propose possible solutions to clinical problems and challenges suitable for level of training including advocating for the patient as necessary.
9. Demonstrate effective intra and interprofessional collaboration.
10. Demonstrate skill in procedures taught in Clinical Skills.
11. Reflect meaningfully on individual performance, feedback received, and feedback provided to other professionals.
12. Demonstrate competence in personal time management, such that competing demands are prioritized, requirements are completed as described and deadlines are met.
13. Demonstrate skills in using appropriate evidence-based resources to develop differential diagnoses, investigative and management plans.
14. Exhibit professional behaviour consistently including; integrity; responsibility; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

All learning objectives (course, module, and session) can be accessed on the College of Medicine/Curriculum website under the appropriate year and course. A print version is also available. Please access the link below for the most current objectives.

<https://elentra.usask.ca/community/ugmecurriculum>

Information on literal descriptors for grading in the College of Medicine at the University of Saskatchewan can be found in the [Pre-Clerkship Student Information Guide](#) – Student Assessment Section.

More information on the Academic Courses Policy on course delivery, examinations and assessment of student learning can be found at: <http://policies.usask.ca/policies/academic-affairs/academic-courses.php> NOTE: The College of Medicine has specific policies and procedures for course delivery, exams and assessment that can be found on the [Policies, Procedures and Forms](#) page of the College of Medicine website.

The University of Saskatchewan Learning Charter is intended to define aspirations about the learning experience that the University aims to provide, and the roles to be played in realizing these aspirations by students, instructors and the institution. A copy of the Learning Charter can be found at: <https://teaching.usask.ca/about/policies/learning-charter.php>

## COURSE CONTACTS

Course Director: Dr. Dilip Gill - [dig449@mail.usask.ca](mailto:dig449@mail.usask.ca) - (306) 966-5354

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) – (306) 966-5354

Year 1 Administrative Assistant: Jennifer Walton – [UGME.Year1@usask.ca](mailto:UGME.Year1@usask.ca) – (306) 966-7202

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

Pre-Clerkship Coordinator Regina: Cassie Eskra- [cassandra.eskra@saskhealthauthority.ca](mailto:cassandra.eskra@saskhealthauthority.ca) - (306)766-3773

## COURSE SCHEDULE

The Clinical Skills II Course consists of a variety of activities (including lectures, CLRC and RLC sessions, department-based sessions, simulations, and  $\frac{1}{2}$  day skills specific learning opportunities). Many of these are

in small groups, so schedules will be highly individualized. Individual student schedules will be posted on One45.

Please check One45 **DAILY** to ensure that you have the current schedule information. The latest a change can be made to a session (unless it is a true emergency) is 48 hours in advance of the scheduled session. If changes are made to a session that has already been scheduled in One45, the departmental undergraduate administrators will notify affected students directly via email.

### **INDEPENDENT LEARNING**

During the course, protected time for independent learning has been set aside to allow and encourage students to prepare and practice skills learned as they monitor their own progress towards meeting the broad objectives for the medical program. Some sessions require prior preparation, and it is the student's responsibility as an adult learner to adequately prepare for all sessions. Lack of preparation may result in the inability to effectively participate in learning activities, which could influence overall assessment.

### **COURSE DELIVERY**

Students will learn via a variety of methods, including:

1. Facilitated small group learning sessions with simulated patients
  - CLRC and RLC Sessions
  - Simulations in the simulation center
  - $\frac{1}{2}$  day specific skill training sessions
2. Small group learning sessions with real patients in individual departmental sessions
3. Virtual small group learning sessions
4. Interprofessional small groups
5. Large group sessions
6. Independent self-directed learning

### **CLINICAL LEARNING RESOURCE CENTER (CLRC) AND REGINA LEARNING CENTRE (RLC)**

The CLRC (2<sup>nd</sup> floor, E wing, Health Sciences Building) or RGH Learning Centre are where many of the small group sessions are held. The CLRC may be available for students to practice clinical skills outside of class time when space is available. Students will need to request practice time in advance by emailing: [clrc\\_scheduling@usask.ca](mailto:clrc_scheduling@usask.ca) or through a Super User.

The RGH Learning Centre offers exam room bookings through the website: [Room Booking \(rghealth.ca\)](http://Room Booking (rghealth.ca)). Basic clinical skills equipment is available in each room at the Learning Centre. Additional specialized clinical skills equipment may be requested or booked through the Dilawri Simulation Centre directly: [dilawri.simulationcentre@saskhealthauthority.ca](mailto:dilawri.simulationcentre@saskhealthauthority.ca) or 306-766-0600.

## COURSE OVERVIEW

### ACS

- 3 sessions

### FIPE

- 3 system-based sessions
- 3 paired assessment sessions

### CS

- 3 CLRC/RLC sessions
- 2 simulation sessions

### ComPlex

- Pediatrics
- Internal Medicine
- Surgery
- Emergency
- Phlebotomy

### IHS

- self-organized

### PCLE

## COURSE MATERIAL ACCESS

Course materials, including the syllabus, student module packages, sessions, objectives, required reading, forms, and other useful documents are posted on One45.

If you are having difficulty accessing your account, please contact Student Central 306-966-1212 or contact ICT Services Help Desk 306-966-4817

## MEDICAL INSTRUMENTS

First year medical students begin learning clinical skills in their first term of first year! Students are required to purchase some medical equipment in preparation for this training. Please see the list below (also found in Clinical Skills I Course Syllabus):

### Required Medical Instruments

These required medical instruments must be purchased before the commencement of the school year:

- stethoscope (Littmann Cardiology IV preferred\*)
- watch with second hand or digital second display (analogue preferred)

- white College of Medicine lab coat\*\*
- pen light

\*Features of the Littmann Cardiology IV stethoscope making it a good option for medical students: Adult and pediatric dual heads with tunable diaphragms allows optimal acoustics when examining adults and children, converts easily to bell, convertible earpieces to optimize comfort, and latex free.

\*\*If you prefer to use a standard white lab coat for clinical use, please purchase separately from U of S Main Bookstore, Marquis Hal or Uniform Choice at: 7A 3110 8th St. E. (306-651-0388)

**Note: Students should be prepared to wear lab coats at all clinical sessions in the CLRC and RLC if requested.**

PLEASE BRING ALL NECESSARY EQUIPMENT TO SESSIONS. PRECEPTORS WILL NOT PROVIDE STETHOSCOPES, PEN LIGHTS, REFLEX HAMMERS, ETC. FOR YOU TO USE.

### **Recommended Medical Instruments**

While the above medical instruments are required, the following instruments are required in subsequent Clinical Skills courses and are recommended for personal use and practice.

- tuning fork(s) (128 cps + 512 cps)
- reflex hammer (Queen's Square preferred)
- centimeter ruler
- flexible tape measure

### **Optional Medical Instruments**

The following instruments are useful for personal use and practice of technically challenging skills:

- ophthalmoscope/otoscope
- aneroid blood pressure cuff

## **RESOURCES**

### **DIAGNOSTIC IMAGING EDUCATIONAL RESOURCES**

The Undergraduate Diagnostic Imaging Fundamentals, by Dr. Brent Burbridge (MD, FRCPC) is an e-book resource to augment the presentation for imaging of common clinical conditions. Guiding principles related to minimizing radiation exposure, requesting appropriate imaging, and static images are enhanced and discussed. <https://openpress.usask.ca/undergradimaging>

Additionally, users can access other imaging from the Dicom viewer (ODIN) to further advance their experience with viewing diagnostic imaging pathologies.

<https://openpress.usask.ca/undergradimaging/chapter/online-dicom-image-viewer-odin-an-introduction-and-user-manual/>

## **READINGS/TEXTBOOKS**

- Required Textbook: Bates Guide to Physical Examination and History Taking 12<sup>th</sup> Edition, Lippincott Williams & Wilkins, 2017.
- Bates' Visual Guide to Physical Examination. Available online under Health Sciences Library at: <http://library.usask.ca/hsl>

Textbooks are available online from the University of Saskatchewan Bookstore:  
<https://bookstore.usask.ca/students.php#MyTextbooks>

### PROFESSIONAL ATTIRE

Students will be interacting with both real and simulated patients throughout almost all encounters in the Clinical Skills course and are expected to wear **appropriate professional attire**. Please bring your lab coats to all sessions and wear them unless the tutor advises otherwise. Note the following excerpt from the [Student Guide](#):

*Your physical appearance should engender respect from your patients and colleagues. You should, therefore, maintain a neat, clean and 'appropriate' style of dress. This should take into consideration the fact that your patients will likely come from all age groups and walks of life. Your goal is to present a pleasant and professional appearance, one that promotes patient confidence and comfort. Students should consider how their appearance may affect their patients' perceptions of them as future doctors and use this as a guide when choosing attire.*

### FEEDBACK ON STUDENT PERFORMANCE

Student feedback is information regarding student performance that is offered with the express purpose of improving their learning and future performance. It is considered one of the most powerful influences on learning and achievement (Hattie & Timperley, 2007).

Clinical Skills courses are the practice arenas to develop and hone medical skills. Feedback in these courses is constant and comes through a variety of sources and in numerous ways. Informal, formal, self, and peer feedback are all part of this course. Course tutors will provide students with a variety of formal and informal, verbal and written feedback throughout the clinical sessions. Simulated patients will be involved in providing feedback. Students will be asked to give and receive peer feedback during sessions and will be taught how to do this in a specific and objective fashion. Students should also be constantly reflecting, setting targets, and developing action plans for improvement and integration of feedback in constructive ways. Every interaction in this course is an opportunity for growth – students will receive formal and informal feedback throughout each module but should not discount the value of oral feedback and comments.

## COURSE ASSESSMENT OVERVIEW

Module	Session	Components	Session Weight
Clinical Scenarios	Clinical Scenario Cases 1-6	Formative assessment at end of each session	Complete
	Simulation Sessions	Formative assessment throughout sessions	Complete
Advanced Communication Skills II (ACS)	Advanced Communication Skills II – Sessions 1-3	Formative Assessment of each interview	Complete
		Reflective Journal Assignment	Complete
Focused Interview and Physical Examination (FIPE)	3 System-Based Session	Formative – session checklist by the tutor at the end of each session	Complete
	2 Formative Review Sessions:	Session #1  Session #2	2 formative review sessions – can cover ALL/ANY components of Clinical Skills II to date
	Case Write-Up Summative Assessment	Case Write-Up submitted to tutor following first observed history and physical examination	PASS
	Summative Review	Observed focused history and physical examination – final one-on-one session Tutor summative assessment	PASS
	Ultrasound Enhanced Clinical Exam	Formative feedback throughout sessions	Complete
Community Patient Learning Experience (ComPlex)	Emergency Medicine	Session 1, 2, 3 – Formative	Complete
	Pediatrics	Session 1, 2, 3 – Formative	Complete
	Internal Medicine	Session 1 and 2 – Formative	Complete
	Surgery	Acute Abdomen Formative Assessment	Complete
		ENT/Chest Procedural/Examination Skills Half day	Complete
		Vascular Surgery half day	Complete
	Phlebotomy	Formative Assessment during session	Complete
Interprofessional Health Shadowing		Written assignment April 16 <sup>th</sup> , 2026	PASS
Primary Care Longitudinal Experience		Attendance with professional deportment	Complete

<b>Objective Structured Clinical Examination (OSCE) **</b>	Summative OSCE -	Can cover ALL/ANY components of Clinical Skills II, including ACS	PASS **
Recognizing that Clinical Skills courses build upon each other, core concepts from prior Clinical Skills courses may also be included. Students will undergo this approximately 2-hour assessment in groups with staggered start times throughout the day, <b>May 15, 2026</b> , Supplemental OSCE, should it be required, will be held in Regina June 16, 2026			
<b>COURSE</b>		Successful completion of final OSCE and all components identified as a PASS* (two assignments and one direct performance assessment)	

### OSCE NOTES

The OSCE assessment is the summative assessment of the CS II course content. It may include any/all the content from CS II including ACS. Recognizing that Clinical Skills courses build upon each other, core concepts from prior Clinical Skills classes may also be included.

The OSCE pass mark will be set at the total OSCE score level using a criterion referenced standard such that a passing candidate is determined to be acceptably competent to progress within the curriculum. Cut scores, thus determined, will be adjusted to a pass mark of 70%.

In the setting of remediation and review of student performance, the OSCE is considered a special form of examination, and as such, copies of the OSCE checklists are not available for review by students.

In order to provide students with more individualized feedback following the OSCE(s), students will receive individual feedback sheets that will detail the student's progress towards achievement of their Clinical Skills course objectives.

### WRITTEN COURSE ASSESSMENT COMPONENTS

Course components including written assessments (Case Write-up, Reflective Journaling Assignment) are due at 23:59 SK time unless advised otherwise by the UGME office. **Respect for due dates is a component of professionalism and is assessed as such.**

Although the sessions may involve group work, students are expected to complete their own written assignments individually.

It is the student's responsibility to ensure assignments are successfully submitted prior to the deadline. Canvas returns a note confirming assignments were successfully uploaded.

\* Note: Canvas routinely updates their systems on certain Wednesday evenings. In the event Canvas is down for scheduled maintenance or due to technical difficulties, assignments are to be submitted by 0900 the following morning.

## **EXAM PROCTORING**

Exams will be completed in-person. The program may determine specific exceptional circumstances in which examinations during this course might be delivered remotely. In that event, proctoring software or other remote invigilation methods will be employed concurrently during the examination to ensure academic integrity of the assessment.

## **RUBRICS**

Where applicable, rubrics for all assignments will be posted in Canvas for the relevant session.

## **COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION**

### **Completion**

Students will be considered to have successfully completed the course if they have:

- (1) passed the OSCE
- (2) passed the observed history and physical exam (FYPE),
- (3) passed the case writeup,
- (4) passed the Interprofessional Health Shadowing assignment,
- (5) met the requirements for professionalism,
- (6) successfully completed the formative course module(s).

### **Eligibility for Remediation**

Students who do not achieve a pass mark in any one of the following (or two in the case of the case writeup and Interprofessional Health Shadowing assignment): OSCE, observed history and physical exam, case write up, Interprofessional Health Shadowing assignment, and professionalism criteria will be eligible for remediation.

Note: The remaining components are intended to be formative, with students receiving feedback from tutors regarding their progress. Tutors are requested to identify students with significant performance concerns. Students so identified will meet with the module director and student academic support and undergo targeted remediation.

### **Course Failure**

A student can be unsuccessful in the course for the below reasons:

1. Being unsuccessful in the OSCE and subsequently unsuccessful in the supplemental assessment.
2. Being unsuccessful in the observed history and physical exam and subsequently unsuccessful in the supplemental assessment.
3. Being unsuccessful in either the case write up and/or the Interprofessional Health Shadowing assignment and subsequently unsuccessful in two supplemental assessments (either two of the same or one of each).
4. Being deemed unsuccessful for professionalism. This includes, but is not limited to, submission of late assignments.

Students not promoted as a result of being unsuccessful in the course will receive a grade of "F" on their transcripts.

### **Remediation and Supplemental Assessment Information:**

1. Students who have met the above-described criteria for remediation will be offered remediation and supplemental assessment unless they have met the criteria for course failure.
2. The remediation timeline will begin once the student has been notified of failure in a module or course. Students eligible for remediation will be contacted by the course/module director and the

academic support team to meet, discuss remediation and supplemental assessment, and develop a learning plan. The learning plan will be developed between the student, course/module director(s), and the academic support team. Remediation may be in the form of additional assignments, additional cases, assigned readings, and/or meetings with the course/module director(s) or designate. This plan will be carried out from the beginning of the remediation timeline until the date of the supplemental assessment.

3. The course/module director(s), in consultation with the assessment team, will determine the specific type, format, and content of the supplemental assessment(s). This may be in a different format from the original assessment.
4. Supplemental Examination Timelines:
  - a. Supplemental exams will only be scheduled after the final exam period. Students required to remediate modules will be informed of the specific supplemental examination dates.
  - b. If students have supplemental exams in more than one module or course, adjustments may be made to the supplemental exam schedule by the year chair in coordination with course/module director(s).
  - c. Supplemental assessments will be scheduled by the UGME office. Supplemental assessments will only be offered on scheduled dates barring exceptional circumstances. In cases of exceptional circumstances, students should follow the Deferred Exam Procedure to request adjustment of supplemental exam dates.
  - d. Students must be available in an appropriate site until the remediation process and supplemental assessment is complete. It is strongly recommended that any travel be carefully planned with this in mind, including researching cancellation policies and carefully considering non-refundable items. Exceptions and appeals to this policy will be adjudicated on a case-by-case basis by the Program Manager of UGME, the Academic Director, and Associate Dean of UGME. Exceptions to this policy will be rare and granted under only very special circumstances.
5. A maximum of one (1) supplemental assessment per failed component will be allowed, up to the point of course failure (with the exception of two in the case of the case writeup and Interprofessional Health Shadowing assignment as explained above). Students who have been unsuccessful in any supplemental assessment will be deemed unsuccessful in the course.
6. Should a student meet the criteria to no longer be eligible for supplemental assessment during the remediation period, remediation can continue. However, no further supplemental assessment will be allowed.
7. Recommendations for promotion, remediation, and supplemental assessment are made by the Year Promotions Committee. Decisions regarding promotion, remediation, and supplemental assessment are adjudicated by the Student Academic Management Committee.
8. Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (in most cases a 70%).
9. Students failing to meet professional expectations in the course should anticipate a meeting with the course/module directors and/or year chair to discuss the concern. This may result in associated documentation as per the UGME Procedures for Concerns with Medical Student Professional Behavior. This may result in academic penalties which will be communicated to the student in the meeting and in writing following the meeting.

## ATTENDANCE EXPECTATIONS

### What are expectations for attendance in Clinical Skills II?

It is expected that students will attend all sessions unless absence is unavoidable.

Attendance at small group sessions is mandatory. (See One45)

Attendance for all other sessions falls under the regulations of the [Pre-Clerkship Attendance and Absence Policy](#).

### How is attendance documented?

At the completion of every session, your preceptor will log into One45 and review/complete the session checklist with you which tracks attendance and ensures all material from the session was completed.

If a student must be absent, they should contact their course administrative support person in the UGME as soon as possible and complete the application for absence form. (See the contact list at the beginning of the syllabus or check your Canvas course.)

Students should also contact the preceptor for the clinical or small group session.

### What are the implications of being absent?

Students who do not attend mandatory components without appropriate approval or without the appropriate notification steps in the event of an unplanned absence (see [Pre-Clerkship Attendance and Absence Policy](#)) will be asked to meet with the Course and/or Module Director to discuss professionalism, with associated documentation.

Students should be aware that professionalism is being assessed in every Clinical Skills session. Lateness or absences without appropriate notification/approval will likely result in low performance grading for professional behavior and may result in an informal discussion with documentation or completions of a professionalism report (see Procedures for [Concerns with Medical Student Professional Behaviour](#)). Unapproved absences may result in failure of a module or the entire course.

It is the responsibility of students to ensure they meet all module and course requirements. If a student must miss a mandatory session, they should request guidance from their course and/or module director on how to independently make up any material missed regardless of the reason for the absence. Sessions will not be rescheduled, and additional sessions will not be offered to make up missed material.

### Participation

Activities in this course will include small group discussions and collaborations. It is important that you participate to the best of your ability for your classmates and to get the most out of this class.

## WHAT TO DO IF THE TUTOR DOES NOT ARRIVE FOR A SCHEDULED SESSION

If the tutor does not arrive for a scheduled session, after verifying session details on One45, then as quickly as possible:

**Saskatoon students:** Please contact Sonja MacDonald who will contact the Module Director and Administrative Assistant for the relevant module. If unavailable, contact the Year 1 Administrative Assistant.

**Regina students:** Please contact the appropriate administrative coordinator for the session. If unsure, contact any member of the pre-clerkship team.

They will attempt to contact the scheduled tutor or an alternate, and, if unable to make arrangements, the session will be rescheduled. Rescheduling is difficult, due to very full schedules, so every attempt will be made to deliver the session as scheduled.

\* Please remember to check One45 for updates, as last-minute changes are occasionally necessary.

## **COURSE EVALUATIONS QUALITY IMPROVEMENT**

1. In response to years of student feedback, the SITE module has been changed to Interprofessional Health Shadowing.

### **Course Modules**

The four modules are designed to allow skill development by systems, complementing concurrent learning. By the end of this course, students will begin to integrate the information learned in each separate module into a comprehensive patient assessment.

The goal of the fifth module, Interprofessional Team Skills (Interprofessional Health Shadowing) is to focus on interprofessional collaborative skill

## 1 - Clinical Scenarios

### Clinical Scenario Sessions

#### COURSE CONTACTS

Module Director: Dr. Dilip Gill - [dig449@usask.ca](mailto:dig449@usask.ca) – (306) 966-5354

Pre-Clerkship Program Coordinator: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Year 1 Administrative Assistant: [UGME.Year1@usask.ca](mailto:UGME.Year1@usask.ca) – (306) 966-7202

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

#### MODULE DESCRIPTION

During these sessions, students will be presented with a clinical problem by a simulated or standardized patient. The student is expected to perform an appropriate interview and examination and then discuss potential differential diagnoses and (when relevant) management with clinician preceptors. Preceptors can be from any discipline. Different clinical scenarios will focus on demonstration of specific interviewing and physical examination skills. Sessions will emphasize feedback on clinical reasoning skills at a level appropriate for the learners.

**Location:** CLRC and RLC

**Duration:** 3 Sessions, 2 hours each

#### MODULE OBJECTIVES

By the completion of the Clinical Scenario Sessions, students will be able to:

1. Effectively perform a patient-centered interview relevant to common presenting complaints, including exploring the illness experience (“FIFE”: feelings, ideas, impacts on function, expectations).
2. Effectively and sensitively perform physical examinations relevant to common presenting complaints.
3. Compare and contrast possible diagnoses for common presenting complaints, based on concurrent and/or previous course material.
4. Propose preliminary differential diagnoses for common clinical presentations.
5. Propose preliminary management plans, including selection of and interpretation of appropriate initial investigations and/or treatment for common clinical presentations.
6. Explain, using appropriate terminology, the preliminary differential diagnoses and management plans to patients, colleagues and preceptor.
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

#### ASSESSMENT

##### Formative Assessment:

Will occur throughout the module during SP encounters and debriefing and will additionally be provided by the Formative Assessment form completed following each clinical scenario session by tutor.

## Simulation Sessions

### CONTACTS

Director: Sunil Pradhan - [snp870@mail.usask.ca](mailto:snp870@mail.usask.ca)

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 9665354

Administrative Assistant: [UGME.Year1@usask.ca](mailto:UGME.Year1@usask.ca) – (306) 966-7202

Regina Site Pre-Clerkship Coordinator: Cassie Eskra- [Cassandra.eskra@saskhealthauthority.ca](mailto:Cassandra.eskra@saskhealthauthority.ca) - (306)766-3773

### DESCRIPTION

Students are exposed to simulated clinical cases delivered in a setting with mannequins, real time vital sign monitoring, and video capture. In this dynamic learning format, students will role-play an acute cardiovascular or respiratory focused medical presentation followed by a structured debrief with the preceptor.

**Location:** CLRC and Dilawri Simulation Centre

**Duration:** 2 Sessions, 2 hours each

### OBJECTIVES

By the completion of these simulation sessions students will be able to:

1. Conduct a focused history and perform relevant physical examination to the presentation.
2. Request relevant investigations.
3. Interpret the results of relevant investigations.
4. Identify clinical problems.
5. Prioritize a differential diagnosis.
6. Propose appropriate management plans.
7. Describe the physiological and pharmacology principles that relate to the presenting clinical scenario.
8. Demonstrate principles of problem solving, leadership and communication in acute clinical situations.
9. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

### ASSESSMENT

Formative verbal group feedback will be given at the formal debrief following each session.

## 2 – Focused Interview & Physical Exam

### Focused Interview & Physical Exam Sessions

#### MODULE CONTACTS

Module Director: Dr. Dilip Gill – [dig449@usask.ca](mailto:dig449@usask.ca) – (306) 966-6946

Pre-Clerkship Program Coordinator: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - 306-966-5354

Administrative Assistant: [ugme.year1@usask.ca](mailto:ugme.year1@usask.ca) – (306) 966-7202

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

#### MODULE DESCRIPTION

During these sessions, students will discuss and practice relevant history taking for the system they are studying, practice key physical exam techniques and identify which clinical findings may be expected in some common diseases processes. Students will work in small groups with a clinician preceptor and simulated patients.

**Location:** CLRC and RLC

**Duration:** 6 Sessions, 2 hours each

#### MODULE OBJECTIVES

By the completion of focused interview and physical exam sessions, students working with simulated patients will be able to:

1. Demonstrate and report an appropriate patient-centered focused history for Respiratory, Cardiovascular and Gastrointestinal systems.
2. Demonstrate and report specific physical examination techniques relevant to the Respiratory, Cardiovascular and Gastrointestinal systems.
3. Identify aspects of the history and physical exam findings that might be expected in some common diseases of the Respiratory, Cardiovascular and Gastrointestinal systems.
4. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff, and peers; appropriate attire.

#### ASSESSMENT

##### Formative Assessment:

This will occur on an ongoing basis throughout the sessions and additionally will be provided at the end of sessions 1, 3, and 5 via the Student Assessment Checklists, which are to be completed on-line on One45, and serve to document attendance. Student Assessment Checklists are designed to be used for formative feedback, including narrative feedback.

There are two additional formative assessment sessions: the first is an Observed Focused Interview and Physical Examination (session 2), the second a formative review session. Feedback during these is verbal and occurs during the sessions provided by both tutor and peers.

**Summative Assessment:**

There are two summative assessment components. Each is to be completed online on One45.

1. Students will submit a written case report following the Observed Focused Interview and Physical Examination (session 2), marked by the tutor according to the assessment rubric provided. **Pass 70%** DUE one (1) week after the session by 23:59
2. Students will be observed by the tutor while performing an Observed Focused Interview and Physical Examination on an SP, followed by completion of the associated assessment (session 6). **Pass 70%**

## Clinician Performed Ultrasound- Point of Care Ultrasound (POCUS) Sessions

**LEAD:** Dr. Linden Kolbenson – [linden.kolbenson@gmail.com](mailto:linden.kolbenson@gmail.com)

Regina Site Pre-Clerkship Coordinator: Cassie Eskra – [cassandra.eskra@saskhealthauthority.ca](mailto:cassandra.eskra@saskhealthauthority.ca) - (306)766-3773

**Location:** Saskatoon CLRC (Saskatoon) and Dilawri Simulation Centre (Regina)

**Duration:** 2 Sessions, 4 hours

### DESCRIPTION

Point-of-care ultrasonography (POCUS) is defined as the acquisition, interpretation, and clinical integration of ultrasonographic imaging performed by a treating clinician at the patient's bedside. POCUS is an inclusive term; it is not limited to any specialty, protocol, or organ system.

In Clinical Skills II, we will introduce trainees to using POCUS when assessing patients with 1) abdominal pain/distention and 2) shortness of breath/dyspnea

### OBJECTIVES

#### 1. Approach to Abdominal POCUS (Session 1)

- a. Generate appropriate ultrasound images for the following indications/applications:
  - i. Scanning for free fluid in the abdomen
    1. Traumatic abdominal pain (hemoperitoneum)
    2. Non-traumatic abdominal pain (spontaneous bacterial peritonitis)
  - b. Demonstrate basic probe handling and early sonographic skill development.
  - c. Demonstrate basic understanding of probe and ultrasound physics.
  - d. Describe test performance, operator dependence, safety, and limitations of each indication.
  - e. Exhibit professional behaviours consistently including integrity; respect for and effective working relationships with patients, faculty, staff, and peers; appropriate attire.

#### 2. Approach to Pleural POCUS (Session 2)

- a. Generate appropriate ultrasound images for the following indications/applications:
  - i. Scanning for free fluid in the chest
    1. In patient with traumatic chest pain (hemothorax)
    2. In patient with non-traumatic chest pain (pleural effusions)
  - ii. Scanning for pneumothorax
    1. In patient with traumatic chest pain and SOB
    2. In patient with non-traumatic chest pain and SOB (spontaneous pneumothorax)
  - iii. Scanning for interstitial lung syndrome
    1. In patient with dyspnea and suspected decompensated heart failure.
- b. Demonstrate basic probe handling and early sonographic skill development.
- c. Demonstrate basic understanding of probe and ultrasound physics.
- d. Describe test performance, operator dependence, safety, and limitations of each indication.
- e. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

Recommended reading includes:

<https://books.apple.com/ca/book/essentials-of-point-of-care-ultrasound/id841572764>

<https://books.apple.com/ca/book/introduction-to-bedside-ultrasound-volume-1/id554196012>

## **ASSESSMENT**

Formative feedback will be provided at every hands-on scanning session. The course OSCE may include stations where scanning for abdominal free fluid or pleural effusion are included.

## 3 - Advanced Communication Skills II

### MODULE CONTACTS

Module Director: Dr. Taegen Fitch – [taegen.fitch@saskhealthauthority.ca](mailto:taegen.fitch@saskhealthauthority.ca) - (306) 966-5354

Pre-Clerkship Program Coordinator: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Administrative Assistant: [UGME.Year1@usask.ca](mailto:UGME.Year1@usask.ca) – (306) 966-7202

Regina Site Pre-Clerkship Coordinator: TBD - (306) 766-3776

### MODULE DESCRIPTION

In a practical, hands-on setting, this module will provide the students with the opportunity to develop communication skills needed for providing patient-centered care in more advanced and challenging situations, involving anger, breaking bad news, perceived barriers to communication, motivational interviewing, and cultural safety.

**Location:** CLRC and RLC

**Duration:** Large group lectures followed by 3 small group sessions, 3 hours

### MODULE OBJECTIVES

By the completion of the Advanced Communication Skills sessions, students will be able to:

1. Conduct effective patient centered interviews.
2. Demonstrate patient-centered communication skills in specific and more challenging communication situations including:
  - a. anger
  - b. breaking bad news
  - c. Patients who are hard of hearing or D/deaf, those with disability, advanced age, challenges with language barriers or health literacy.
  - d. motivational interviewing and providing patients with information, communicating about risk, health promotion
  - e. Intra-professional communication, including conflict
  - f. Incorporating cultural safety in patient interviews
3. Exhibit professional behaviors consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

### ASSESSMENT

**Formative Assessment:** Verbal and narrative feedback will occur on an ongoing basis throughout the sessions.

- Student Reflective Journal Assessment

Due one (1) week after the first session by 23:59

## 4 - Community Patient Learning Experience (ComPlex)

### MODULE DESCRIPTION

During these sessions, students will participate in clinical assessment of real patients in a variety of clinical settings in the four disciplines of Emergency Medicine, Internal Medicine, Pediatrics and Surgery, as well as gain experience in phlebotomy.

This will include obtaining an accurate and relevant history and physical examination, presenting a differential diagnosis, formulating a plan for diagnostic interventions, and beginning to formulate a management plan. Students will work in small groups with a clinician preceptor. Objectives related to patient-centeredness and professionalism apply to all sessions as outlined in the course objectives

**Location:** See One45 for individual specific schedule. Times and locations will vary. Check daily for changes as changes can occur up to 48 hours in advance of the session. If changes are made within 48 hours of the session, affected students will be contacted directly via email by the module coordinator or administrative assistant.

## A - Emergency Medicine

### SECTION CONTACTS

Section Lead: Dr. Joanna Smith – [joanna.smith@usask.ca](mailto:joanna.smith@usask.ca)

Pre-Clerkship Program Coordinator: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Administrative Assistant: [UGME.Year1@usask.ca](mailto:UGME.Year1@usask.ca) (306) 966-7202

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

### SECTION DESCRIPTION

**GI, Resp, CV** sessions - During these sessions, students will have the opportunity to acquire a patient's history and perform a physical exam in an acute care setting. Students will then work on integrating history, vital signs, and physical exam findings to generate an appropriate differential diagnosis. There will be a focus on acquiring and interpreting vital signs during the sessions. Students are requested to come to the sessions prepared to review an approach to the chest x-ray, abdominal x-ray and ECG as appropriate for the session type. To help students prepare there are documents on One45 that help provide "an approach to an emergency department patient" as well as how to read an Xray.

**Location:**

**Saskatoon:** Royal University Hospital ER, St. Paul's Hospital ER, Saskatoon City Hospital

**ER. Regina:** Regina General Hospital ER, Pasqua Hospital ER.

The session site will be posted on One45 and may change with short notice. Students should check One45 **daily** to ensure that they have the current schedule information. The latest a change can be made to a session (unless it is a true emergency) is 48 hours in advance of the scheduled sessions. If changes are made to a session that has already been scheduled in One45, affected students will be notified directly via email by the departmental undergraduate administrators.

**Duration:** 3 Sessions

## SECTION OBJECTIVES

By the completion of the Emergency Medicine ComPlex sessions students will be able to:

1. Acquire a patient-centered, focused history.
2. Perform a focused physical exam that would assist in formulating a differential diagnosis for a patient in the emergency department.
3. Acquire a complete set of vital signs using common equipment in the emergency room.
4. Recall the parameters for normal vital signs: blood pressure, heart rate, temperature, as well as normal oxygen saturation and blood sugars.
5. Identify abnormal vital signs and discuss their significance in a clinical context.
6. Present a patient history and physical exam in a small group.
7. Develop a differential diagnosis for common respiratory, cardiovascular, and abdominal complaints.
8. Develop a differential diagnosis for life threatening respiratory, cardiovascular, and abdominal complaints.
9. Reflect upon a clinical experience.
10. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff, and peers; appropriate attire.

## ASSESSMENT

Formative Assessment: During each session the students will receive verbal formative feedback on their history taking and physical examination skills.

## B - Pediatrics

### SECTION CONTACTS

Section Lead: Dr. Rupesh Chawla – [rupesh.chawla@saskhealthauthority.ca](mailto:rupesh.chawla@saskhealthauthority.ca) – (306) 844-1282

Undergraduate Administrative Assistant: Cammie Morgan – [cammie.morgan@usask.ca](mailto:cammie.morgan@usask.ca)

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 9665354

### SECTION DESCRIPTION

During these sessions, students will participate in clinical assessment of real patients in a variety of pediatric clinical settings. The students will begin to develop an approach to the pediatric history and physical examination and gain practice in integrating information from the history and physical examination in order to generate differential diagnoses and a management plan. In addition, the students will participate in an interactive session with a parent of a pediatric patient. Students will work in small groups with a clinician preceptor. In addition, the students will participate in a large group session where they will review the fundamental differences between the pediatric and adult history and physical examination. They will also participate in a facilitated small group Interactive Parent Session. Students will have further opportunities to refine and enhance their pediatric history and physical examinations, diagnosis and management plan and verbal and written patient presentation skills during sessions in Clinical Skills III and IV.

**Location:** See One45

**Duration:**

- 1 large group session - 1  $\frac{1}{2}$  hour
- 1 small group facilitated session - 2 hours
- 3 small group clinical sessions - 3 hours each

**Groups:** Stay with your whole group of 4 for these sessions.

### SECTION OBJECTIVES

By the completion of the Pediatrics Patient Encounter sessions, students will be able to:

1. Obtain a patient-centred pediatric history in a variety of clinical settings.
2. Demonstrate elements required in a complete pediatric physical examination.
3. Recognize how information gathered from history and the physical examination contributes to the assessment of the presenting problem including the most likely diagnosis and a differential diagnosis.
4. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff, and peers; appropriate attire.

## **ASSESSMENT**

At the end of the session, the preceptor will complete an Assessment Form for each student, including narrative feedback. This will provide an assessment of the student's history taking, physical examination skills, ability to recognize the contribution of the information gathered to the evaluation of the presenting problem, and professionalism.

### **Formative Assessment:**

During each session, the students will receive verbal formative feedback on their history taking and physical examination skills.

## C - Internal Medicine

### SECTION CONTACTS

Section Lead: Dr. Nassrein Hussein – [nassrein.hussein@usask.ca](mailto:nassrein.hussein@usask.ca)

Administrative Assistant: Angela Kuffner – [angela.kuffner@usask.ca](mailto:angela.kuffner@usask.ca) – (306) 844-1476

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

### SECTION DESCRIPTION

During these sessions, students will refine their basic clinical skills and become increasingly proficient at establishing diagnoses and planning therapeutic intervention. Because of the degree of student/patient interaction during this module, the values and attitudes pertaining to the physician/patient relationship will also be stressed.

**Location:** See One45

**Duration:** 2 Sessions, 3 hours each

**Groups:** Stay with your whole group of 4 for these sessions.

### SECTION OBJECTIVES

By the completion of the Internal Medicine ComPlex sessions students will be able to:

1. State the patient's chief complaint or reason for consultation.
2. Elicit a relevant history including not only medical features, but also social and environmental factors.
3. Recognize the need to collect history data from all sources including patient, family/friends, and other health professionals.
4. Demonstrate a focused physical examination appropriate to the patient's chief complaint.
5. Formulate a differential diagnosis.
6. Identify appropriate tests/ investigations relevant to the case.
7. Interpret the results of the relevant investigations.
8. Develop a management plan for the patient both immediate and longer term.
9. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

### ASSESSMENT

**Formative Assessment:** During each session, the students will receive formative feedback on their history taking and physical examination skills. At the end of the session, the preceptor will complete an Assessment Form for each student which will provide an evaluation of the student's history taking, physical examination skills, ability to recognize the contribution of the information gathered to the assessment of the presenting problem and professionalism.

## D - Surgery

### SECTION CONTACTS

Section Lead: Dr. Kaitlin Adey - [oit120@mail.usask.ca](mailto:oit120@mail.usask.ca)

Administrative Assistant: Sweta Soni - [surgery.preclerkship@usask.ca](mailto:surgery.preclerkship@usask.ca) - (306) 966-5668

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

### SECTION DESCRIPTION

The surgery component of Clinical Skills II will be taught during three interactive and informative skills sessions. These sessions will be led by surgeons and will focus on the clinical skills of history taking and physical examination specific to the areas of otolaryngology/head and neck surgery, vascular surgery and for the acute abdomen. Discipline-specific knowledge important for patient evaluation and treatment will also be discussed throughout these sessions. The principles of professionalism will be continually emphasized during the sessions and attendance at all three of these sessions is **MANDATORY**.

**Location/Duration/Groups:** See One45 for details

### SECTION OBJECTIVES

By the completion of the surgery skills sessions, students will be able to:

1. Perform a problem-focused history for an operative or non-operative surgical condition (see specific session description for more details on which conditions will be covered).
2. Perform a problem-focused physical examination for an operative or non-operative surgical condition.
3. Generate differential diagnoses utilizing information gathered from the history and physical exam findings.
4. Identify appropriate investigations for a patient presenting with an operative or non-operative surgical condition, relevant to the patient's history and physical exam findings.
5. Discuss initial management plans for a patient presenting with an operative or non-operative surgical condition, based on the results of the history, physical examination, and investigations.
6. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with patients, faculty, staff, and peers; appropriate attire.

### ASSESSMENT

See Specific Session details below for Assessment.

## 1 – THE APPROACH TO THE ACUTE ABDOMEN

### SESSION CONTACTS

Session Lead: Dr. Kaitlin Adey - [oit120@mail.usask.ca](mailto:oit120@mail.usask.ca)

Administrative Assistant: Keri Dewar- [surgery.preclerkship@usask.ca](mailto:surgery.preclerkship@usask.ca) - (306) 966-5668

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

### SESSION DESCRIPTION

Prior to the session, please review the approach to the abdominal examination from Clinical Skills I and the pre-reading documents posted on One45. Each student will be assigned a task (either a focused history and/or a focused physical examination pertaining to right lower quadrant (RLQ), right upper quadrant (RUQ) or left lower quadrant (LLQ) abdominal pain) prior to the session and should prepare for this task prior to the learning session. This task will be performed on a simulated patient in an OSCE-type format. Please also be prepared to perform the corresponding history or physical examination in your session in case your classmate cannot attend the session (i.e. if assigned the RUQ history, also be prepared to present the RUQ physical examination). The remaining students in the group will observe while their fellow classmates go through the history and physical in each station. A faculty facilitator will help lead the group through the station and will interact with the entire group regarding pertinent details of the history and physical examination and discussion regarding investigations and management of the patient presentation. Please refer to the master schedule posted on One45 to see assigned task(s) and group assignment.

**Location:** CLRC and RLC

**Duration:** 135 minutes (3 forty-five-minute sessions)

**Groups:** Stay in your whole group of 5 or 6 for this session

### SESSION OBJECTIVES

By the completion of the Approach to the Acute Abdomen session students will be able to:

1. Perform a patient-centered history including focused questions that would assist in differentiating between appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infectious or inflammatory conditions.
2. Perform a focused abdominal examination including examining for signs of peritonitis.
3. List the differential diagnosis for right upper quadrant, right lower quadrant and left lower quadrant abdominal pain.
4. Differentiate between the signs and symptoms of appendicitis, diverticulitis, gastroenteritis, cholecystitis and other intra-abdominal infections and inflammations.
5. Identify initial investigations that help to distinguish between the common causes of acute abdominal pain.
6. Identify when urgent patient stabilization and/or surgery is needed in the management of acute abdominal pain.
7. Exhibit professional behaviours consistently, including integrity; respect for and effective working relationships with faculty, staff, and peers; appropriate attire.

### ASSESSMENT

Student performance checklist for the specific task assigned to them - formative.

## 2 - ENT/Chest Procedural/Examination Skills Half Day

### SESSION CONTACTS

Session Lead: Dr. Rick Jaggi – [rickjaggi@gmail.com](mailto:rickjaggi@gmail.com) – (306) 934-3223

Administrative Assistant: Keri Dewar- [surgery.preclerkship@usask.ca](mailto:surgery.preclerkship@usask.ca) - (306) 966-5668

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 9665354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

**Location:** CLRC and RLC

**Duration:** 4 hours

**Groups:** Stay with your whole group for this session

### SESSION OBJECTIVES

By the completion of the ENT/Chest Procedural/Examination Skills Half Day students will be able to:

1. Perform an otoscopic examination identifying normal structures of the external auditory canal and tympanic membrane ensuring patient comfort and safety.
2. Perform a nasal examination utilizing a nasal speculum identifying relevant normal structures ensuring patient comfort and safety.
3. Identify the normal nasopharyngeal anatomy and function.
4. Identify the common locations of origin for epistaxis and technique for packing a nose.
5. Identify the normal laryngeal anatomy and function of the larynx.
6. Perform a two-handed oral cavity examination using tongue depressors and a headlight to identify the seven sub-sites of the oral cavity and boundaries of the oral pharynx.
7. Perform a physical examination of thyroid and salivary gland, as well as all head and neck lymph node groups.
8. Perform a focused history and physical examination on a patient with pleural effusion.
9. Formulate a differential diagnosis for a patient presenting with a pleural effusion based on findings from a history and physical exam.
10. Suggest appropriate investigations for the patient presenting with pleural effusion.
11. List the steps required to perform a thoracentesis.

### ASSESSMENT

**Formative Assessment:** Will occur throughout the session.

## 3 – VASCULAR SURGERY SKILLS SESSION

### SESSION CONTACTS

Session Lead Vascular: Dr. Bruce Duval – [bduval@sasktel.net](mailto:bduval@sasktel.net) – (306) 653-3366

Administrative Assistant Vascular: Keri Deward- [surgery.preclerkship@usask.ca](mailto:surgery.preclerkship@usask.ca) - (306) 966-5668

Pre-Clerkship Program Coordinator Saskatoon: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) - (306) 9665354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

**Location:** CLRC and RLC

**Duration:** 2 hours

**Groups:** Stay with your whole group for this session

### SESSION OBJECTIVES

By the completion of the Vascular Surgery Half Day Patient Encounter session students will be able to:

1. Perform a focused history and physical examination on a patient with claudication symptoms.
2. Calculate an ankle-brachial index.
3. List and recommend appropriate investigations for the patient presenting with claudication symptoms.
4. Identify risk factors for PAOD (peripheral arterial occlusive disease).
5. Perform a focused history and physical examination on a patient with diabetic foot.
6. Classify clinical presentation of diabetic feet in terms of neuropathic, infectious, or arteriopathic changes.
7. List and recommend appropriate investigations for the patient presenting with diabetic foot.
8. List surgical and non-surgical treatment options for patients presenting with claudication and diabetic foot.

### ASSESSMENT

**Formative Assessment:** Will occur at each individual “station” during the half day.

## Phlebotomy Skills Day

### SESSION CONTACTS

Session Lead: Diana Maclean and Leslie Rea – [\(leslie.rea@saskhealthauthority.ca\)](mailto:leslie.rea@saskhealthauthority.ca) (306) 655-6919

Pre-Clerkship Program Coordinator: Sonja MacDonald – [\(sonja.macdonald@usask.ca\)](mailto:sonja.macdonald@usask.ca) - (306) 966-5354

Regina Site Pre-Clerkship Coordinator: Cassie Eskra – [\(Cassandra.eskra@saskhealthauthority.ca\)](mailto:Cassandra.eskra@saskhealthauthority.ca) - (306)766-3773

### SESSION DESCRIPTION

Students will work with phlebotomists to learn the skills as outlined in the objectives.

**Location:** see One45

### REQUIRED PRE-SESSION MODULE

Prior to the Venipuncture Session, please complete the MTS Tutorial using the following method:

1. Go to MTS Tutorial on-line at [www.medtraining.org](http://www.medtraining.org)
2. Click Login
3. Enter Username: rqhealth and Password: rqhealth
4. Click Basic Phlebotomy and review slides and complete the test
5. Print the first page of the test, legibly sign, date and provide it to the training Phlebotomist when attending the training session.

### SESSION OBJECTIVES

By the end of the session, the students will be able to:

1. Perform phlebotomy.
2. Explain the risks to the phlebotomist of phlebotomy and methods to reduce risk of exposure to body fluids.
3. Discuss protocols in the event of exposure to body fluids.
4. State the potential patient complications of phlebotomy.

### ASSESSMENT

Attendance and professional behaviour are required for successful completion.

## 5 – Interprofessional Team Skills Module

### Interprofessional Health Shadowing

#### Module Contacts

Module Director: Sean Polreis – [sean.polreis@usask.ca](mailto:sean.polreis@usask.ca) – (306) 966-1311

Pre-Clerkship Program Coordinator: Sonja MacDonald – [sonja.macdonald@usask.ca](mailto:sonja.macdonald@usask.ca) – (306) 966-5354

Pre-Clerkship Coordinator Regina: Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

#### MODULE DESCRIPTION

In this Interprofessional Health Shadowing experience, students will have the opportunity to use the non-MD shadowing activity from MEDC 111 to have discussions with colleagues & other healthcare professionals. The focus will be on role responsibilities & effective team collaboration, including communication & leadership. The learning objectives are derived some of the key components of the National Competency Framework, established by the Canadian Interprofessional Health Collaborative (CIHC). Please note that there is a student preparation document with questions to focus on during your non-MD shadowing experience that will guide discussion during the in-class session on April 16<sup>th</sup>, 2026. Please make notes & bring them to the in-class session.

Students will complete 2 hours of their total 10-hour shadowing requirement to shadow a non-MD health care provider by April 10, 2026. You will use your non-MD shadowing experience to learn about another healthcare profession. Information on these opportunities can be found on the Canvas website under shadowing in the Success in Medical School I course. Please be prepared to share & teach your colleagues any insights you think are valuable during the MEDC 143 Clinical Skills II in-class IPE session on April 16th, 2026 (bring your notes from your non-MD shadowing experience to class). There are guiding questions on CANVAS in the MEDC 143 tab that will help you to prepare for the session.

#### MODULE OBJECTIVES

##### 1. Role Clarification & Negotiation

- Assess how you used other group members' skills & knowledge to understand other healthcare professionals' roles & responsibilities.
- Describe how other healthcare professionals contribute to patient care.

##### 2. Team Functioning

- Describe how the use of effective group processes contributes to patient care.

##### 3. Team Communication

- Describe how elements of effective team communications improve team function.

##### 4. Collaborative Leadership

- Describe leadership and decision-making behaviours that are likely to contribute to group effectiveness.

## 5. Relationship-focused Care/Services

- Determine useful communication approaches based on an understanding of the patient/family and situation/context and the implications for management.

## 6. Team Differences/Disagreement Processing

- Describe steps and strategies for team disagreements processing within interprofessional groups.

## ASSESSMENT

\*Note that assessment requirements and due dates appear in the Course Assessment Overview table above

Assessment will be based on the students' completion of the non-MD shadowing activity, participation in the in-class session, & a written assignment. Time will be provided at the end of the in-class session to complete the written assignment.

*\*Note: Due to the nature of assignment submission late assignments will not be subject to academic consequences associated with the 72-hour deadline as outlined in the assignment submission policy. Non-submission of assignments may result in consequences via the professionalism policy. This is an exception to the assignment submission policy as approved by Curriculum Committee.*

## Primary Care Longitudinal Experience

### MODULE CONTACTS

**Module Lead:** Dr. Matt Kushneriuk ([matt.kushneriuk@usask.ca](mailto:matt.kushneriuk@usask.ca)) Office: 306-655-4200 (West Winds)

**Administrative Assistant:** Tracy Lewis ([dafm.ugme.saskatoon@usask.ca](mailto:dafm.ugme.saskatoon@usask.ca)) Office: 306-655-4211

**Pre-Clerkship Coordinator Regina:** Samantha Gajda – [Samantha.gajda@saskhealthauthority.ca](mailto:Samantha.gajda@saskhealthauthority.ca) – 306-766-3776

**Description:** The Longitudinal Primary Care Experience aims to provide Year 1 students with early exposure to the dynamic field of family medicine. Each pair of students will have one three-hour session in Term 1, and two three-hour sessions in Term 2 (Clinical Skills II). This will generally be with the same preceptor, as the aim is to provide a longitudinal experience. These are not meant to be shadowing sessions, but rather, students are expected to be active participants in patient care, especially as their skills develop throughout the year. Students will work on integrating history, vital signs, and physical exam findings to generate an appropriate differential diagnosis. Assessment for the longitudinal primary care experience is formative with verbal feedback provided to students throughout the sessions. The focus of these longitudinal sessions is to provide students with early exposure to family medicine and to provide an opportunity to develop their clinical skills in a real clinical environment.

**Location:** Please check your One45 schedule

**Duration:** 3 Sessions total (Term 1 &2), 3 hours each

**Groups:** Students attend sessions in groups of 2. Please check your One45 schedule.

**Module Objectives:** By the completion of the family medicine small group sessions, the students will be able to:

- Continue to explore healthcare/patient relationships in primary care through early exposure to clinical settings.
- Conduct a patient centered interview including:
  - Eliciting the patient's experience of illness (FIFE)
  - Practicing shared decision making
  - Considering a patient's personal history and context.
- Demonstrate effective communication skills, such as the appropriate use of open and closed-ended questions, active listening, paraphrasing and use of non-verbal indicators.
- Perform a focused physical exam appropriate to the student's level of training.
- Acquire and interpret a full set of vital signs.
- Create a problem list after conducting a history and physical exam.
- Exhibit professional behaviour consistently including; integrity; responsibility; respect for and effective working relationships with patients, faculty, staff and peers; appropriate attire.

**Formative Assessment:** This will occur on an ongoing basis throughout the sessions. Verbal feedback will be provided by preceptors throughout the sessions.

**Summative Assessment:** Formative Assessment only.

**Successful Completion of module:** Attendance at all sessions. Act in a professional manner, including preparation and participation.

## **IMPORTANT AND RELEVANT STUDENT INFORMATION**

The following information is extremely important for your success in medical school. Please refer to the [UGME Policies](#) page and the [Student Information Guide](#) for the following policies:

**UGME CONTACT INFORMATION**

**EMAIL COMMUNICATIONS**

**ETHICS AND PROFESSIONALISM**

**PROGRAM EVALUATION**

**GUIDELINES FOR PROVIDING FEEDBACK**

**EMERGENCY PROCEDURES**

**MD PROGRAM ATTENDANCE POLICY**

**ASSESSMENT POLICY**

**PROMOTION STANDARDS**

**CONFLICT OF INTEREST**

**NON-INVOLVEMENT OF HEALTH CARE PROVIDERS IN STUDENT ASSESSMENT**

**APPEALS PROCEDURES**

**STUDENT DISCRIMINATION, HARRASSMENT, AND MISTREATMENT PROCEDURE**

**ACCOMMODATION OF STUDENTS WITH DISABILITIES**

**TECHNICAL STANDARDS – ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE STUDY OF MEDICINE**

<https://medicine.usask.ca/policies/com-technical-standards.php#relatedForms> **OFFICE OF STUDENT AFFAIRS**

Where a specific College of Medicine policy or procedure does not exist, the College refers to the U of S Academic Courses Policy at <http://policies.usask.ca/policies/academic-affairs/academic-courses.php>

## **UNDERGRADUATE MEDICAL EDUCATION ASSIGNMENT SUBMISSION POLICY**

Any assignment submitted after 23:59 SK time on the specified date is deemed late (unless otherwise specified).

All due dates or timelines for assignment submission are published in the student course syllabus<sup>1</sup>.

A late assignment may still be submitted up to three consecutive calendar days (72 hours) from the original deadline for that assessment. The assignment must be submitted to the appropriate year Administrative Coordinator in Saskatoon, or the Pre-Clerkship Coordinator in Regina for years 1-2. Years 3-4 must submit to the Rotation Coordinator. The student, if submitting a late assignment that is deemed to be at or above the pass mark for that assignment will receive the pass mark for the assignment. If it is assessed as below the pass mark, the student will receive the actual grade assigned for the assignment.

Any late assignments not submitted by 23:59 on the third day will receive a mark of 0%. After this period, all mandatory assignments must still be submitted, or the student will be deemed to be missing a course component, which will result in an incomplete course. Subsequent academic consequences will be determined at the promotions committee meetings.

In addition to the consequences specified herein, students submitting mandatory assignments late should anticipate a meeting to discuss professionalism, which may result in associated documentation.

**All requests for a deferral of an assignment due date must be received a minimum of 72 hours prior to the deadline.** All such requests must be sent to the Course Director or Rotation Coordinator and copied to the relevant Administrative Coordinator. The course director, in consultation with the year chair and appropriate course/module/rotation director will make a final decision and notify the student of the outcome. Exceptional, unforeseen circumstances will be considered on an individual basis as above.

Note: Canvas routinely updates their systems on certain Wednesday evenings. In the event that Canvas is down for scheduled maintenance or due to technical difficulties, assignments are to be submitted by 0900 the following morning.

### **CITATION FORMAT**

Unless otherwise specified by the course or module director, the expected citation format is that of the International Committee of Medical Journal Editors (ICMJE). Examples of this citation format are available at [www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

### **PROFESSIONALISM**

Students can be deemed unsuccessful on any course assessment for not achieving course expectations of professionalism. This would include, but is not limited to, any unapproved absences from a mandatory session, and/or submission of late assignments. Students failing to meet professional expectations in the course should anticipate a meeting with the Module/Course Directors and/or Year Chair to discuss the concern, which may result in associated documentation. For further information on professionalism, please refer to the UGME Procedures for Concerns with Medical Student Professional Behavior.

<http://medicine.usask.ca/policies/professionalism-standard-operating-procedure.php>

### **RECORDING OF THE LECTURES**

Most lectures will be recorded and posted to the course Canvas site under Course Materials. However, each lecturer reserves the right to choose whether their lectures will be recorded. Lecture recordings are not intended to be a replacement for attending the session but rather to enhance understanding of the concepts.

Please remember that course recordings belong to your instructor, the University, and/or others (like a guest lecturer) depending on the circumstance of each session and are protected by copyright. Do not download, copy, or share recordings without the explicit permission of the instructor.

For questions about recording and use of sessions in which you have participated, including any concerns related to your privacy, please contact the UGME administrative coordinator for this course. More information on class recordings can be found in the Academic Courses Policy <https://policies.usask.ca/policies/academic-affairs/academic-courses.php#5ClassRecordings>.

### **REQUIRED VIDEO USE**

At times in this course, you may be required to have your video on during video conferencing sessions, to support observation of skills, to support group learning activities, or for exam invigilation. It will be necessary for you to use of a webcam built into or connected to your computer.

For questions about use of video in your sessions, including those related to your privacy, contact your instructor.

### **USE OF TECHNOLOGY\***

If you prefer to take notes on your devices, please make sure that the volume is off and avoid doing anything that may be a distraction for those around you. If you receive a phone call, refrain from answering it. If you must answer it, please step outside to do so.

Prohibited Devices: The following devices are not permitted in any UGME learning environment, including classrooms, clinical settings, and all examinations:

- AI-enabled glasses
- Smartwatches
- Smart jewelry
- Smart lenses
- Any similar smart or AI-enabled technology

Social Media Use: UGME does not endorse or permit social media content creation in any university or clinical setting. Under no circumstances should patient privacy or confidentiality be compromised.

Any breach of academic integrity related to the use of these technologies will result in serious consequences, in accordance with the College of Medicine and University of Saskatchewan academic misconduct policies. Such conduct will also result in a major or critical professionalism concern being reported.

If you require support with accommodations related to computer use, IT needs, or exam technologies, please connect with OSA.

\*Please refer to the Technology Policy on the UGME website which will continue to be updated in this rapidly evolving field.

## COPYRIGHT

Course material created by your professors and instructors is their intellectual property and **cannot be shared without written permission**. This includes exams, PowerPoint/PDF lecture slides and other course notes. If materials are designated as open education resources (with a creative commons license) you can share and/or use them in alignment with the [CC license](#). Other copyright-protected materials created by textbook publishers and authors may be provided to you based on license terms and educational exceptions in the [Canadian Copyright Act](#).

**You are responsible for ensuring that any copying or distribution of materials that you engage in is permitted by the University's ["Use of Materials Protected By Copyright" Policy](#).** For example, posting others' copyright-protected materials on the open internet is not permitted by this policy unless you have copyright permission or a license to do so. For more copyright information, please visit <https://library.usask.ca/copyright/students/index.php> or contact the University Copyright Coordinator at [copyright.coordinator@usask.ca](mailto:copyright.coordinator@usask.ca) or (306) 966-8817.

## INTEGRITY

The University of Saskatchewan is committed to the highest standards of academic integrity (<https://academic-integrity.usask.ca/>).

Students are urged to read the [Regulations on Academic Misconduct](#) and to avoid any behaviours that could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence.

For help developing the skills for meeting academic integrity expectations, see: <https://academic-integrity.usask.ca/students.php>

Students are encouraged to ask their instructors for clarification on academic integrity requirements.

Students are encouraged to complete the Academic Integrity Tutorial to understand the fundamental values of academic integrity and how to be a responsible scholar and member of the USask community (tutorial link: <https://libguides.usask.ca/AcademicIntegrityTutorial>).

Assignments in this course are designed to support your learning and professional development, and the work you submit should demonstrate your own knowledge and understanding of the subject matter. Artificial intelligence text generator tools (also known as large language models, such as ChatGPT or similar), are not permitted to be used in any assessments for this course, unless permission is explicitly given in the assessment instructions that these tools may be used. Any unauthorized use of such tools is considered academic misconduct.

When the assignment instructions allow use of Artificial Intelligence text generator tools, students are required to disclose the use of the tools and explain how the tool was used in the production of their work. Disclosure on the use of AI should be similar to how other tools, software, or techniques are explained in academic research papers. AI cannot be cited as a resource or author. Please be aware that use of portions of another's work in an AI-generated text may be a breach of copyright – this is an area of evolving legal understanding. Students are accountable for the accuracy and integrity of their submissions including references produced with AI. The submission of AI assisted work without disclosure is a breach of academic integrity and professionalism.

Students wanting to connect their assessment in this course to assessments they have completed in another course must get explicit permission of the instructor in order to avoid potential academic misconduct of self-plagiarism.

There is also a policy for the use of AI by faculty to help ensure accuracy, fairness, and ethical compliance for details please refer to the Policies page of the UGME website as this is a quickly moving area and the policy will continue to be updated.

## ACCESS and EQUITY INFORMATION

Access and Equity Services (AES) is available to provide support to students who require accommodations due to disability, family status, and religious observances. Students who have disabilities (learning, medical, physical, or mental health) are strongly encouraged to register with Access and Equity Services (AES) if they have not already done so. Students who suspect they may have disabilities should contact AES for advice and referrals at any time. Those students who are registered with AES with mental health

disabilities and who anticipate that they may have responses to certain course materials or topics, should discuss course content with their instructors prior to course add / drop dates.

Students who require accommodations for pregnancy or substantial parental/family duties should contact AES to discuss their situations and potentially register with that office. Students who require accommodations due to religious practices that prohibit the writing of exams on religious holidays should contact AES to self-declare and determine which accommodations are appropriate. In general, students who are unable to write an exam due to a religious conflict do not register with AES but instead submit an exam conflict form through their PAWS account to arrange accommodations. Any student registered with AES, as well as those who require accommodations on religious grounds, may request alternative arrangements for mid-term and final examinations by submitting a request to AES by the stated deadlines. Instructors shall provide the examinations for students who are being accommodated by the deadlines established by AES.

For more information or advice, visit <https://students.usask.ca/health/centres/accessequity-services.php>, or email [aes@usask.ca](mailto:aes@usask.ca).

## **STUDENT SUPPORTS**

### **College of Medicine, Academic Support Team**

Academic Support Administration Office – [med.academicsupport@usask.ca](mailto:med.academicsupport@usask.ca)

Academic Support Specialist: Dr. Ayesha Iqbal – [ayesha.iqbal@usask.ca](mailto:ayesha.iqbal@usask.ca)

Academic Support Coordinator: Meghan Nelson – [meghanemily.nelson@saskhealthauthority.ca](mailto:meghanemily.nelson@saskhealthauthority.ca)

### **College of Medicine, Office of Student Affairs**

Student Affairs offers confidential support and advocacy at arm's length from the academic offices. For more information, please contact:

Student Affairs Coordinator Saskatoon, Bev Digout at [bev.digout@usask.ca](mailto:bev.digout@usask.ca) or (306) 966-8224

Student Affairs Administrator Saskatoon, TBD

Student Affairs Coordinator Regina, Sue Schmidt - [sue.schmidt@saskhealthauthority.ca](mailto:sue.schmidt@saskhealthauthority.ca) or (306) 766-0620

Student Affairs Coordinator & OCAM Coordinator, Saba Khan – [saba.khan@saskhealthauthority.ca](mailto:saba.khan@saskhealthauthority.ca) or (306) 766-0527

Student Affairs Site Director Prince Albert, Dr. Romy Moodliar – [romym@hotmail.com](mailto:romym@hotmail.com) or (306) 953-1688  
Director, Student Services, Dr. Ginger Ruddy – [ginger.ruddy@usask.ca](mailto:ginger.ruddy@usask.ca) or (306) 966-7275

## **Academic Help for Students**

Visit the [University Library](#) and [Learning Hub](#) to find supports for undergraduate and graduate students with first-year experience, study skills, learning strategies, research, writing, math and statistics. Students can attend [workshops](#), access [online resources and research guides](#), book [1-1 appointments](#) or hire a subject tutor through the [USask Tutoring Network](#).

Connect with library staff through the [AskUs](#) chat service or visit various [library locations](#) at the Saskatoon campus.

SHA Library: <https://saskhealthauthority.libguides.com/home>

## **Teaching, Learning and Student Experience**

Teaching, Learning and Student Experience (TLSE) provides developmental and support services and programs to students and the university community. For more information, see the students' web site <http://students.usask.ca>.

## **Financial Support**

Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact Student Central (<https://students.usask.ca/student-central.php>).

## **GORDON OAKES RED BEAR STUDENT CENTRE**

The Gordon Oakes Red Bear Student Centre is dedicated to supporting Indigenous student academic and personal success. The Centre offers personal, social, cultural and some academic supports to Métis, First Nations, and Inuit students. The Centre is an intercultural gathering space that brings Indigenous and non-Indigenous students together to learn from, with and about one another in a respectful, inclusive, and safe environment. Visit <https://students.usask.ca/indigenous/index.php> or students are encouraged to visit the ASC's website <https://students.usask.ca/indigenous/gorbsc.php>

## **INTERNATIONAL STUDENT AND STUDY ABROAD CENTRE**

The International Student and Study Abroad Centre (ISSAC) supports student success and facilitates international education experiences at USask and abroad. ISSAC is here to assist all international undergraduate, graduate, exchange, and English as a Second Language students in their transition to the University of Saskatchewan and to life in Canada. ISSAC offers advising and support on matters that affect international students and their families and on matters related to studying abroad as University of Saskatchewan students. Visit <https://students.usask.ca/international/issac.php> for more information.